THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. XXXV. WEDNESDAY, JANUARY 13, 1847. No. 24.

CONTINUATION OF THE REPORT OF M. VELPEAU, SURGEON TO THE HOSPITAL LA CHARITE, PARIS.

By F. Willis Fisher, M.D.

[Communicated for the Boston Med. and Surg. Journal.—See p. 341.]

DISEASES OF THE GENITO-URINARY ORGANS OF MAN. HYDROCELES. ORCHITES. STRICTURES OF THE URETHRA. FISTULAS, &c.

THERE have been twenty cases of hydrocele, twenty-four of orchitis, nine of stricture, four of urinary fistula, two of calculus, two of cystitis, and four cases of different diseases of the genital organs. The hydroceles ought to be divided into two classes—the ordinary and the anormal—among which we do not class the hydrocele of the cord. We include in the anormal those which appear very rapid with sanguineous effusion, and those which are complicated with diseases of the testicle. There have been two remarkable cases. A child had been operated upon for a congenital hydrocele, and the cure lasted a year, then the disease re-appeared. Velpeau has operated upon it by the iodine injection, the child is cured, and it remains to discover if the cure is radical. The other patient was operated upon, when he was seized with grave symptoms, and was transferred to the medical wards, where he died. This afforded a rare opportunity for examining the condition of the parts. This examination demonstrated the existence of that which happens after inflammations of the serous membranes, in pleurisy for example. There is nothing new to be said concerning hydrocele. We have often asserted our predilection for the iodine injection, on account of its easy employment, its innocuity—greater than that of other irritant injections—and of its success, at least as great as any other means, for the radical cure of hydrocele and certain kinds of encysted tumors.

Orchitis.—Of the twenty-four cases of orchitis, eighteen at least originated from a disease of the urethra; the cause of the six others is unknown. The acute orchites form two very distinct classes, which it is necessary not to confound, principally on account of the prognosis. One finds its origin in urethral lesions, the other from external violence. These two classes are generally admitted, but there is a third class intermediary to the two others, which all practitioners do not recognize. This variety arises neither after a blow nor after a disease of the urethra, but it appears after a violent effort. Generally, when a man presents himself to the surgeon with an orchitis, he is inclined to suspect the existence of a

gonorrhœa, and does not put confidence in the pretended efforts. Sometimes, however, no trace of urethral discharge is found, there has not been any direct violence exercised upon the testicle, the epididymis is large, sensible, irregular, the tumefaction extends to the neighboring parts, the symptoms only indicate a strain. Velpeau has endeavored to account for these circumstances; and some years since, examining the internal ring and the tissues concurring in its formation, recognized, as Thompson has advanced, that the recti muscles give off aponeurotic fibres which go to attach themselves to the internal face of the crest of the ilium. These fibres form the inferior half of the orifice, so that they pass beneath the spermatic cord; it follows from this disposition that the cord rides upon these fibres. Now if we suppose a strain, the muscle contracting itself, the fibres will stretch to adjust themselves, and if the effort is considerable the cord will necessarily be compressed. From this compression can orchitis result? The mind does not refuse to admit this consequence. Further, is it not possible, for example, that an irritation of the urethra may be the predisposing cause—and the effort by the mechanism just explained, the exciting cause of orchitis, in certain cases at least. Formerly, the idea of a metastasis was attached to the appearance of the swelling of the epididymis and testicle. It was thought, and some persons still believe, that the inflammation extends from the canal of the urethra to the testicle, and this quickly without continuity of tissue. To refute this manner of seeing, it suffices to examine the period at which orchitis ordinarily appears. If it was by metastasis that the inflammation attacked the testicle, it would naturally be at the time when the urethral phlegmasia was most violent. Every one knows perfectly, on the contrary, that orchitis occurs when the gonorrhœa is diminishing, when the patient is nearly cured. At the commencement of the disease inflammation of the testicle is very rare. There are some other differences between the two classes of orchitis. Orchitis arising from external causes may terminate in different ways, but it has a great tendency to terminate in suppuration, whilst gonorrhœal orchitis very rarely terminates in this manner. All things being equal, traumatic orchitis is more grave than urethral orchitis, for in producing suppuration this kind of phlegmasia destroys the testicle. Gonorrhœal orchitis, on the contrary, leaves after it only a little induration of the epididymis, and the functions of the organ are not impaired. Orchitis by violence may leave indurations, with some shreds of substance which may afterwards give rise to tumors of different kinds. In general, inflammations of the testicle happening after a strain are cured in very little time, or require much more time for resolution than any others. As for urethral orchitis, it must not be thought that its only cause is from gonorrhœa. It frequently happens from other lesions of the canal, calculus, disease of the prostate, tubercle. The orchitis which recognizes this last cause has a tendency to tuberculize the testicle. Ordinary orchitis is not grave. Its duration is generally from fifteen to twenty days. The different methods of treatment in use, are the antiphlogistic, compression and punctures, with the lancet. One can employ the first of these means, one bloodletting, leeches upon the course of the

cord rather than upon the testicle. Compression has been resumed by M. Frike; it is a difficult method, and sometimes dangerous. The testicle is strangled in the superior ring formed by the bandages, and grave accidents may ensue. The punctures of the lancet that Velpeau employs are most inoffensive, and give the most prompt relief to the patient. If there is any liquid, it is evacuated without fear of any injury from this trifling operation, which certainly is much less difficult and dangerous than bloodletting. What is there to fear? There is not in this region any vessel capable of furnishing any troublesome hemorrhage. Is there danger of reaching the testicle? This is not very probable, and should it happen there would not result any great inconvenience. By the employment of these means the average duration of the patient's stay in the hospital has been seven and a half days. The strictures of the urethra will appear few, if we judge of their general frequency by the examples that are received at the hospital every year. There are two reasons which explain why the number is so small, notwithstanding the great number of these lesions. First, we do not wish to receive them all, because they are diseases of small interest. Among the poorer classes strictures of the urethra do not generally bring the patients to the hospital until they have arrived to an extreme degree, and when there is a complete impossibility of passing the urine. A third reason might be added to these, which will explain why the number of these diseases at the hospital is small in comparison with their frequency; it is because the canal of the urethra is invaded by a great number of empirics, who seize upon these patients as soon as possible, and very narrow though it be, it appears to be a very fine road to fortune.

The treatment of contractions of the urethra has always been a source of errors to which it is worth while to call attention. Among persons who devote themselves exclusively to the cure of these diseases, some commit these errors unwittingly, but unfortunately there are others who are not ignorant, and who manage to exact from the patients that which they desire. It follows from this that certain methods appear to have success, when, in reality, they have none. The patient leaves his physician, he urinates freely, then at the expiration of some months the disease re-appears, and thus with others. In fact there is nothing more easy than to dilate the urethra in stricture, but to keep it dilated is very difficult, if not impossible. Thus it is well to examine the real value of two methods —cauterization and scarification—and to appreciate their results by comparing them with those of dilatation. We may thus obtain a clear idea of these three methods. First, cauterization never succeeds alone; it is attended with success only when aided by dilatation. We perceive that if it acts upon the stricture by a loss of substance, it would be more dangerous than useful, for the contraction of the cicatrix would render the stricture still smaller. When one cauterizes, intending to destroy the tissues, Velpeau thinks he only modifies them. For example, when the nitrate of silver is carried into the canal of the urethra, it only causes a superficial erosion. If one examines the effect of an analogous cauterization of the skin, he does not find an eschar after such a touching, and

there is no reason to expect such in the canal of the urethra. We obtain, then, by cauterization thus employed, a simple light modification of the tissues, such as one sees in some diseases of the skin, in certain cases of lichen or eczema. If dilatation was not employed conjointly, what benefit would this cauterization produce upon the stricture? For this reason, Velpeau employs dilatation only. If the canal of the urethra is really cauterized, it is a bad operation, because there is a loss of substance and a more considerable stricture ensues. If we confine ourselves to lightly modify the tissues, we effect nothing, the dilatation acts alone. Why not, then, employ it alone? Besides, it must be remembered that the bougies introduced into the urethra produce a compression which acts against the inflammation of the tissues. Among the other means employed against stricture, must be ranked forced dilatation and scarifications. The practice of forcible dilatation is already abandoned; it consists in passing a very large sound through a small stricture. It is a singular idea; nevertheless, as at the bottom of the most paradoxical propositions there is some truth, so when these propositions emanate from a man of such talent as M. Mayer, it is probable that the author of this method must have met with some particular cases to which this method was applicable, and that he was too hasty in generalizing it. Thus in those cases where valves exist, it is possible that a forcible dilatation will obtain some success.

It has also been proposed to dilate the urethra with an instrument, which, entering in small size, is susceptible of being enlarged so as to rupture the stricture. Velpeau has his fears of these ruptures, though some surgeons are positive of their good effects. We know that an idea has been advanced that a wound by tearing in the interior was less dangerous, and there was less risk of unfavorable consequences, than from an incision made in the same place; it has been made a precept for certain operations, lithotomy for example. A great number of facts are necessary to prove to us the truth of this assertion, for it has always seemed to us that a regular incision was better than a tear; and since, whatever be the method employed, one always finds favorable cases, we require numerous examples before changing our opinion. The scarifications or incisions have been by turns too much extolled and depreciated. We do not think this method excels dilatation in ordinary strictures, but when the cicatrix is hard, inodular (ligamentous), it may be well employed. Of thirty strictures, only three or four have presented these conditions. To perform these incisions there are various instruments, the most ingenious of which are those of Civiale, Ricord, Reybard, &c. Although we have not the high opinion of this method that some of our confreres profess, yet these incisions appear to have proved that they are not as dangerous as one would suppose. The patients come to be operated upon and return home; the discharge of blood is small, and they can follow their usual occupations. M. Reybard proposes to make very large incisions, but M. Velpeau considers them dangerous. Some surgeons have had sufficient confidence in this method to submit their patients to it. To those surgeons who have not had occasion to see a great number of cases,

the success of a method in three, four, five or six patients, appears to claim a constant success. They are easily persuaded that a remedy which is ingenious, and which has succeeded several times, will never fail or be followed by accidents, because they have not yet observed any. Afterwards, there happens an unfortunate series of consequences, and the means which succeeded five or six times fail in an equal number. It is only by observing a great number of facts that one can appreciate the true value and real inconveniences of any surgical process. The partizans of scarification generalize the method, and believe it most advantageous; nevertheless, they associate dilatation with it.

For ourselves, if it is necessary to resume our opinion upon the real utility of each of these methods of which we have spoken, we will say, in ordinary strictures by inflammation, diffuse, representing a double cone —dilatation alone, or associated with cauterization if one wishes, but cauterization with the nitrate of silver and not with any other caustic. We reject all other caustics. In strictures very resistant, hard, fibrous—cutting scarifications. In strictures with thin bridles, valvular—the forcible dilatation of M. Mayer. This, in Velpeau's opinion, is the true method of treating urethral contractions. We lay aside the employment of medicated bougies, which have no effect upon these affections. The fistulas of the urethra presented no interest. There have been some diseases of the prostate; two patients have died from vast abscesses in these regions.

To be concluded in our next, by the consideration of the diseases of the genito-urinary organs of women, fistulas of the anus, operations, &c.

USE OF THE LETHEON—SEVENTEEN TEETH EXTRACTED.

To the Editor of the Boston Medical and Surgical Journal.

Sir,—One of the most striking instances of the beneficial effects of the "letheon" occurred on Wednesday last, and as everything relating to this matter is now of general and peculiar interest, I notice the facts in the case for the benefit of those who may perhaps be feeling the necessity of, and yet shrinking from, a similar operation. It was the case of a highly respectable and intelligent lady, who had for years been dreading the approach of the moment, which nevertheless was seen to be not far off, when she would be obliged to have all her remaining teeth removed. When it was announced to her that this might be done without occasioning her a particle of suffering, it was rather hoped than believed; yet she resolved at once to try what virtue there was in the "letheon." Accordingly I met her at her residence, this morning, when I found six or eight friends assembled to see the operation, and among them two personal friends of the medical profession—both of them more than half sceptical as to the result. After the necessary preparations, I administered to her the vapor, and when I observed the indications of its influence upon her, I began the operation, and took out tooth after tooth, until nine had been extracted. During this part of the operation she sat quite still, making occasionally a slight exclamation as a tooth more firm than

the others was removed, and I was thus enabled to remove these nine in quite a short space of time. The patient was now allowed to recover her natural condition, and the first remark made by her, while yet only partially conscious, was one of regret that she had gone through all the necessary preparation and that not a single tooth had been taken out. When, however, she was entirely aroused, upon the assurance by one of the friends that she had already lost nine, she would scarcely credit the statement, nor did she fully realize it until after feeling in the mouth she had ascertained the fact for herself, when she made repeated exclamations of wonder and surprise at the result—declaring that she knew nothing of it whatever—that she had not had one particle of pain or inconvenience. After an interval of about half an hour, the "letheon" was again administered, when eight more teeth were extracted, making seventeen in all. After the effects of the vapor had entirely subsided, she remarked that it was exceedingly difficult to realize the fact—that this so long dreaded operation had been concluded without giving her any suffering; declaring that in neither the first nor in the second part of the operation had she the faintest conception of what was being done, and could scarcely restrain her exclamations of astonishment and thankfulness at what had taken place, assuring us again and again that she had felt nothing—absolutely nothing. The medical gentlemen, as well as all others present, were completely satisfied with the result of the operation, and could not but sympathize with the feeling of grateful wonder manifested by the patient. Yours, respectfully, HORACE KIMBALL, M.D.

522 *Broadway, N. York, Dec.* 30*th*, 1846.

THE WATER CURE.

[Communicated for the Boston Medical and Surgical Journal.]

I FIND the following extract from your Journal in the October No. of the Phrenological Journal.

"He (Fowler) has admitted one communication on the subject (water cure), and afflicted the reader with the prospect of another on the same aquatic theme. Dr. Underhill may be a very honest practitioner of hydropathy, and take large fees for recommending wet sheets in summer complaints, without disturbing his organ of conscientiousness, for aught we know," &c. &c.

I have not sat down to find fault with the above. Like all other men, *in* or *out* of the profession, all that I know I have learned, and if there are those (as I have too much reason to believe there are) who pretend to know what they have not learned, and assume to judge without having first examined, I pity rather than condemn them.

It is now nearly three years since any attention was attracted to this subject. It struck me, as did phrenology on *its* first presentation, favorably. I therefore resolved to examine and test it, and if possible ascertain its merits, if any. I have done so. Truth is my motto—no matter from whence it comes or who its discoverer. I am wedded to no

particular school, to no particular theory, doctrine or sect, either in medicine, natural or mental philosophy, unless true to nature. Relying upon these fundamental principles, I went into the examination of phrenology, magnetism, and the doctrine and philosophy of the water cure; and the result has been a conviction of their truth, and foundation in nature. Though humble as has been the origin of the water-cure practice, still for one I am satisfied that it is, ere long, destined to revolutionize the practice of the healing art. That it will entirely supersede medicine (or drugs) in the treatment of many diseases, I most "conscientiously" believe. Still in family practice some drugs will continue to be administered, water supplying the place of the most active and deleterious. In other words, water will be the great and reliable agent in controlling constitutional or general derangement and irritation, while drugs will only be *incidentally* used, as sub-agents to carry off the liberated congested matters from the capillary and secreting vessels and organs. If all disease is caused by impressions made upon the nervous centres or their nerves (as claimed by Drs. Billings, Johnson, and others), then I hold that an agent which can arouse to vigorous action those nerves, and transmit a like influence to their centres (brain, spinal cord or ganglions), must be an agent calculated to give renewed action and energy to all the secreting and excreting surfaces and organs of the whole system, and thus enable them to impel forward their obstructed contents (and supply their place with a healthier fluid), and restore to the engorged vessels their normal action and proper diameters. Such an agent I claim pure soft water to be, when properly administered internally, and applied externally. Over fever, water, when judiciously applied, may be said to have as nearly a specific control as it is possible for any agent to have, arresting the paroxysm (whether intermittent, remittent, or continued), in a short time, inducing full and free perspiration; and it accomplishes all this without prostrating the whole system or rasping or weakening the vital internal organs. This cannot be said of drugs, either vegetable or mineral. The views of Dr. Currie, of Liverpool, as to the use of water in fevers, were perfectly philosophical and founded in truth. But the practical details of that philosophy were left to be established and carried out by a Silesian peasant. And are they the less valuable? What article, I ask, was there in our materia medica one hundred years ago, or until the days of modern chemistry, the curative virtues of which were not the discovery of accident, or of some one ignorant of medical science? Why, a late distinguished writer claims that the whole practice with drugs is empirical, if empiricism means the using of articles in the cure of disease, for which we can offer no other reason than that some one has used them before, and discovered that certain effects were produced, or followed their administration.

But when I speak of the superior efficacy of water, over all other agents, in controlling febrile action and febrile disease of all kinds, I speak from my own observation and experience, as well as that of others who have used it. Since about the first of September I have treated over seventy cases of fever, principally what is here called chill fever. It was generally of a highly bilious, though not of a highly congestive, charac-

ter. Water was the great reliable agent in every case, and perfect success has crowned my practice. The patients were of all ages, from the infant in the cradle to three score years and upwards, and of all classes and conditions in society. Nor in a single instance have I used the lancet or calomel (or mercury in any form), or blisters, all heretofore by me deemed indispensable in the treatment of bilious intermittent and remittent fevers, water supplying the place of all, and nearly so that of anodynes. These were only used when it was inconvenient on the part of the family to use water in a proper manner. It must be recollected that Massillon is in the valley of the Ohio, where calomel has been and is still thought (by most) to be indispensable. I have practised here for nearly sixteen years, and until within two or three years have labored under the same delusion. But, thanks to the age of progressive improvement, I trust I shall make no more sore mouths, or horrid burns with blisters. Owing to the difficulty of carrying out the full water treatment in private families, many of whom either had not the conveniences or the help to it, I was obliged to use some medicines in the treatment of most of the cases of fever referred to. Yet very little was required, and those of the mildest kind—such, principally, as would excite vomiting, and the action of the bowels. As to the kind, I was generally governed by the likes or dislikes of the patient. For the first, some took only warm water, others eupatorium perfoliatum, others ipecac., and others preferred antimony. For the second, oil, senna, salts, Seidlitz, or a mild pill, were used. But the result has proved that where water was used most and with the least medicine, the patients have uniformly done best, and been much less liable to relapse. Hence I do not deem medicine necessary at all where the full water treatment can be carried out.

From my own observation and experience, in the use of water, I am pretty fully satisfied that all *functional* disease is curable, water forming the great and principal agent. This I know is claiming largely, and I may be called insane or fanatical for the assumption. But I am willing to submit to the charge, when the cause of suffering humanity (if not sacrificed human life to self-willed ignorance) demands of me to speak thus boldly and fearlessly. I charge the practitioner who neglects the examination of this subject, of being guilty of persisting in a course, calculated to jeopardize the lives of those who may seek health at his hands. The question is not, as to who was the discoverer of the water-cure practice, or who are its advocates; but simply does it possess the power of controlling diseased action, claimed by its friends, or one half that power. If so, is it not worthy of a most respectful examination by a profession pretending to the liberality claimed by the members of the medical profession? For one, I am willing it shall stand upon its merits, or fall; but let its merits be fairly and impartially tested. Or if something better can be presented to fill a vacuum all must have felt existed, I for one shall be as ready to examine and test its power, as I have that of water. But I do most solemnly protest against this wholesale denunciation, without examination, and this substituting ridicule and sarcasm for argument and reason—a course too characteristic of the Medical Journals in their

notices of the water-cure practice. Such a course, with that pursued by a large portion of the members of the profession individually, is calculated to drive the treatment of disease by water into the hands of quacks and empirics. For, be it known, the public are getting tired of being *dosed* with drugs, and of having their constitutions broken down (or up) by them, and are also becoming favorably disposed towards the water treatment of disease. So far as my observation and experience has enabled me to judge, as much scientific knowledge is requisite to practise with water successfully as with drugs, nor should any one ignorant of the great principles of physiology and pathology attempt to practise with either. Yet it is true, nevertheless, that there are those who may be called living encyclopœdias of medical knowledge and science, and yet having no *practical tact* about them, they are totally unfit to practise either with water or drugs. While, on the other hand, it is equally true, that there are those who, having large perceptive organs, and much practical tact, succeed admirably, though they possess little or no acquired science or medical knowledge. Of course their practice may truly be said to be empirical; and to this class belongs Priessnitz, the great founder of the water-cure practice. Yet had he the advantages of a scientific education, his skill, no doubt, would be greatly increased.

Is it not true, that every honest practitioner (no matter how much his experience or great his attainments), has felt, at certain times, that there should be an agent which could control active disease and prevent its fatal termination so frequently—particularly when the subject was young or in the vigor of life? Yet who has not been doomed to disappointment? Who has not witnessed the triumph of active or acute disease over all his knowledge, science, skill, tact, talent, and medicine, both mineral, vegetable, homœopathic, Thomsonian—all, all? And have not all at such times felt the inefficiency of medicine, internally administered, or the ordinary external applications applied? A knowledge of the inefficiency of these agents in the hands of the most skilful and scientific, is, and has been, the reason why so many have been so easily led away with new things, such as Thomsonism, homœopathy, uriscopia, and last, though not least, the thousand and one *cure alls* of the day, in the shape of patent nostrums, frequently endorsed by M.D.'s, D.D.'s, &c. &c. Another cause I would mention; the medical profession are about as sectarian as religionists. And the followers of each sect, or school, are as tenacious of their doctrines, systems, or theories. Hence the great disagreement in practice among the profession, and hence the old saying, "who shall decide when doctors disagree?" Why, so unyielding are they sometimes, that they are ready, if not to make sacrifices of themselves, to make them of their patients, as I have witnessed during the present season—particularly when they would let their patients roast day after day with fever, rather than use nature's simplest and surest remedy —water—and apply it in the form of a wet sheet. Why, that would be following Priessnitz, the greatest empiric of the age; no, no, it is better to let them die scientifically, than to live by such empirical practice. And die they did. But let me ask, what is fever, if it be not the combus-

tion of the waste matter of the system (carbon and hydrogen) with the oxygen taken into it. In other words, is it not a fire? And is not water the proper agent to extinguish it, from its capacity of absorbing caloric? It does appear to me that the present system of the philosophy of disease (and the practice founded upon it) taught in our medical schools and colleges, is as far from truth and nature, and quite as visionary, as were the systems of mental philosophy before the days of Gall and Spurzheim. But the philosophy of the present day (to our honor be it said) is bringing us back to nature, simplicity, truth. Theory and hypothesis have heretofore been substituted for the inductive system, and the more a theory or system addressed itself to marvellousness, and the less to reason, the more advocates and followers it was sure to have. Hence Thomsonism found its thousands of friends and adherents in a very short time. Hence, also, homœopathy. That those who practise both these systems have effected some wonderful cures (the why and the wherefore of which they could not and cannot clearly tell), even after the most scientific and skilful of the regular profession have failed, I most "*conscientiously*" believe; while, on the other hand, they have made, and perhaps according to their number of patients, not less frequently, failures also—many of which, again, have been cured by the old school practitioners. Thus the "haps and mishaps" of all have been rather the result of chance, than otherwise, and thus, too, each can point to the failures of the others, and the success of their own system, to prove themselves right and all others wrong. But to the candid inquirer after truth, what does all this prove? Certainly only the inefficiency of each system and the uncertainty of medicine in any of its forms of administration, and nothing more. All do succeed, all do fail—*uncertainty* is the only *certainty* about them.

In view of all this jargon, the friends of the water treatment practice say that pure soft water, when rightly used, is *the* agent which can effect the object desired, with a degree of certainty unknown to any other article of the materia medica. Its power of controlling irritability arising from disturbance of the ganglion system, of the chemical changes in the blood, of removing excitement when excessive in a part or the whole system, or of concentrating the vital powers upon a part enfeebled—such power, I say, is possessed by no other agent within my knowledge, or with a tithe of the certainty. Not only this, but it will do it without damage to the vital functions or organs, which cannot always be said of either vegetable or mineral medicines. For reasons already assigned, some medicines or agents other than water will doubtless, for a time, at least, continue to be used, convenience being the argument. Thus circumstances may make the use of the lancet admissible. But that mercury in any of its forms is ever necessary, I have yet to be convinced. Of blisters, cataplasms, rubefacients, poultices of all kinds, irritating plasters and liniments, &c. &c., I can speak more positively and unhesitatingly, and declare water superior to any and all. It accomplishes the same objects when properly used, with greater certainty and much less suffering. My own experience has settled this question to my entire satisfaction.

As to the different systems of medication, from what I have examined and tested, I am strongly disposed to pronounce homœopathy nearest allied to nature. My experience, however, is yet limited, and I forbear a full and decided expression. One fact is undisputed, that among enlightened practitioners, the greater their experience the less medicine they give. Few skilful practitioners, after ten or fifteen years' experience, give more than one fourth the quantity they did on commencing practice, even in the same disease. The young, full of confidence in medicine, give much with little advice. The old, who by experience have learned its inefficiency, give much advice and little medicine. This verges towards homœopathy. Dr. Johnson says not a hundredth part of the medicine is required when used in conjunction with water, that is when used by itself.

The following is an outline of the course which I pursued in the treatment of fevers. After the cold stage (if there was any) when the fever was fairly established, envelope the patient in a wet sheet; cold applications to the head (if hot and painful) frequently changed. Change the sheet as often as it gets hot—every fifteen, twenty, thirty or forty minutes, but generally not to exceed two to six hours. Give them what they desire of pure cold soft water to drink, but avoid over-distention of the stomach. At the approach of perspiration, excite vomiting; when over, and the perspiration has lasted from one to two or three hours, according to the feelings and strength of the patient (while hot and sweating), throw all off and wash quickly (say in one to two minutes) in cold water with some alkali added. Rub dry, and return to bed. If able to dress, take gentle exercise either in the open air (always to be preferred) or in the house. As soon as warm or rested and in bed, apply a body bandage, wide enough to cover the whole body; if thin, two thicknesses, well wrung, with a dry one over it. In this they should remain most of the time during the intermission, changing it if it becomes dry. If it should produce too great action of the bowels, as is sometimes the case, it must be removed for a time. At night it is particularly quieting, and supersedes the necessity of anodynes. It promotes an equalized action in the internal organs, preventing congestion either in them or the brain. Should the bowels not move, such means may be used at any time as may be thought advisable. *Lavements* of water, frequently repeated, at a temperature agreeable to the feelings of the patient, answer all purposes. They should be washed all over at least twice each day, when warm, and not when the surface is cold. On a return of the paroxysm the same routine is to be gone over, with the exception of the emetic, &c. When the heat is intense, affusion of cold water, by standing the patient in a tub and pouring over him, is highly efficacious; four to six gallons may be used. Then envelope them in the sheet and cover them comfortably. Washing after each sweat is highly important and must not be omitted, or where strong reaction takes place. It gives tone by constringing the capillaries, and thus sustains the strength of the patient. For the further details of the practice, a resort must be had to works upon Hydropathy.

My object in writing the above hasty and desultory article, has been to call the attention of the profession to the subject, and ask of them to do, as I have done, examine and test it for themselves.

Very respectfully, &c. ABEL UNDERHILL.

Massillon, Ohio, Nov. 30th, 1846.

EPIDEMIC HEPATITIS.

To the Editor of the Boston Medical and Surgical Journal.

SIR,—Some atmospheric peculiarity has prevailed in the summer and autumn of the past year, which has had an uncommon influence upon the biliary organs. Since I have been engaged in the profession, we have had seasons when heat has been combined with wet, and seasons when heat has accompanied drought; but I have never seen any combination of atmosphere productive of such results as have taken place in this vicinity the season just gone by. Sporadical instances of icterus have made their appearance more or less every year; but the jaundice as an epidemic, until the summer and autumn of last year, has never to my remembrance met my observation. In some instances it has been complicated with typhus fever, but in more, the organs merely concerned in the digestive process have suffered the effects of disease, and gave evidence of local derangement. The symptoms in different individuals were nearly similar. At the commencement of the disease a chillness takes place, with soreness about the gastric region on pressure, accompanied with flatulence and febrile symptoms, and in some cases shooting pains extend through the side to the shoulder; the tongue gradually accumulating a light yellowish coat; the pulse not very highly excited, and in most cases the patient inclines to watchfulness and complains for want of sleep. The urinary discharges were scanty, and resembled bloody water from first to last. These were the more prominent symptoms showing themselves among the invalids the first few days, and then the skin began to show a slight yellow tinge, which progressed to an orange color in a few days more, when it began to assume a more natural color, and at the end of two or three weeks the patient would resume his customary occupation if his disease was not complicated with typhus. A mild course of treatment succeeded with my patients. As few of them had much nausea, I seldom gave emetics, being apprehensive that the stomach was too sensitive and in too irritable a state to be benefited by them. Cathartics of jalap and calomel were given to vigorous males at the commencement of the disorder, and less drastic medicines to females and slender constitutions; and epispastics, in severe cases, were applied to the hepatic region.

This disease has prevailed on both sides of the Merrimac as far up as Manchester, and probably farther, and whether it is endemical to the region of the Merrimac is a question I should like to have answered by some of your correspondents more extensively acquainted with the extension of the disease than myself. My residence is about eight miles from

the river. Two of my sons and several of my neighbors have been doing business at Merrimac the season past, and I believe every individual of them has returned home, sooner or later, sick with this singular epidemic. It has had the appearance in several instances of being contagious, but as a contagious jaundice would be an anomaly, or new thing under the sun, I desist from sporting in the marvellous, not having my "organs of marvellousness" fully developed.

To what this disease may be attributed, there are various conjectures; whether to a state of the atmosphere, a deficiency of water in wells, or to the stagnant waters of the reservoirs, connected with the lakes at the head branches of the Merrimac, let off to supply the factories below, is a question. I have had some suspicions that the latter might be productive of a peculiar miasma which would specifically induce a diseased state of the biliary organs, but conjecture is all I can warrant. I was told by a gentleman from "up river," that the water from these reservoirs was green and slimy, which indicates its stagnated condition.

Wilmington, Mass., Jan. 4, 1847. S. Brown.

OBSERVATIONS ON STRICTURE OF THE URETHRA.

By Edward H. Dixon, M.D., of New York.

[Communicated for the Boston Medical and Surgical Journal.]

There can be no doubt in the mind of any one familiar with the varied modifications of stricture, that a large proportion of the cases treated, present very unsatisfactory results; nor is this calculated to excite surprise when we reflect on the great peculiarity of structure and function of the delicate lining membrane and its contiguous tissues, so intimately connected with this most annoying disease. Unlike every other part of the body except the brain, the penis is not only subject to all the consequences of a more or less permanent loss of the balance of circulation and its attendant results, congestion and consequent contraction of the urethra, but it is, by its absolute subjection to mental impressions, and specific poisons, as well as the acrid nature of the urine passing over its excited surface, liable to the most unmanageable consequences of inflammation. These circumstances, as well as its great dependence upon individual temperament, render the treatment of urethral disease the most annoying branch of practice to the general practitioner, and flood our cities with quackery. It is not my purpose in this communication to attempt to add to the pathology of the disease, for that I conceive to be sufficiently understood. It is neither possible nor important to determine whether in the individual case under treatment, obstruction is caused by a hypertrophic state of the mucous membrane itself, or of lymph deposited outside of it. A permanent stricture demands surgical interference; and upon the delicacy and mechanical tact with which the bougie is *chosen* and applied, by which I mean its structure and adaptation to the case, the capacity for its endurance for a longer or shorter period of time at each application, the *frequency* of its use, and the nature, strength and frequency of appli-

cation of the chemical remedies *used to assist its entrance into the stricture*, will depend not only the permanency of the cure, but the probability of greatly aggravating the stricture by the very means employed to cure it. Let us remember that we seek to cure the disease by means of remedies whose power to produce a stricture, if excessively applied, none will doubt. In what respect, as far as regards the practical purpose of a cure, does a stricture produced by the excessive size and too prolonged use of a bougie, or ulceration of the lining membrane of the urethra and a consequent stricture from abuse of caustic, differ from one produced by mechanical laceration or clap? There is no essential difference, and although we are sometimes obliged in desperate cases to resort to the operation of the internal or external excision of stricture, the operation itself producing liability to its return, should only be viewed as a desperate remedy, and used in desperate cases. Caustic as a *destructive* agent I would never use, for there is no such thing as limiting its action; dissolve it must, or it cannot act; and when it does dissolve, it will gravitate and act principally not on the stricture, but on the lower part of the urethra, in front of it.

I will not anticipate this part of the subject, but proceed to give the results of a few observations made during sixteen years' attention to this among other similar and equally disagreeable pursuits. I say equally disagreeable, for he must have an odd taste indeed who professes to take up this branch of surgery "con amore." The most frequent and troublesome strictures present themselves below the middle of the urethra, and are apt to be more intractable as they approach the membranous part. They differ in resistance to the bougie, very much in proportion to their density, and although their extent must undoubtedly have an influence, any one can conceive that an old, yet small stricture, that could be properly represented by tying a piece of thread around the urethra, very dense and resisting of its kind, would present more hindrance to the passage of even a well-chosen bougie, sufficiently stiff to admit of a moderate pressure, than a less dense and far more recent stricture of an inch or more in extent. Indeed, we often find that the bougie in the incipient state of a recent stricture, though its progress may be evidently obstructed for an inch or more, will still pass on, and if the instrument be not of a wedge shape, suddenly slip through with a jerk, and pass in freely, when it would not go through a much less extensive and denser stricture. These recent ones, likewise, are much more easily removed; but the class of people who require such treatment are not likely to be influenced by prudential considerations, and always present themselves at a period when compelled by necessity. They have almost invariably been for a long time swallowing remedies for gleet, being of course ignorant that gleet is one of the most infallible symptoms of stricture, the discharge proceeding from the altered condition of the membrane constituting the stricture.

I feel that an apology is due to the practical surgeon who may read these remarks, for consuming so much space in imparting what must be a mere truism to him, yet I could not with propriety avoid mentioning some

of the difficulties encompassing the subject, on which I purpose to continue my observations in a future No., trusting to their and your forbearance for filling a few pages with an honest confession of my earlier errors (and I am sorry to say my present and frequent ill success) in the treatment of this affection, for the benefit of those who may be in the same category.

New York, January, 1847.

CASE OF DIFFICULT LABOR—IMPACTED HEAD—CRANIOTOMY—LACERATION OF THE PERINEUM AND VAGINA—DEATH.

[Communicated for the Boston Medical and Surgical Journal.]

Mrs. B., aged 36, of delicate habit, was taken in labor with her first child about 9 o'clock, P. M. I was called to see her about 2, A. M. Examined and found a vertex presentation, the head entering the superior strait. The labor progressed favorably for about three hours, when the head was found impacted and wedged firmly in the inferior strait. The pains were regular and strong. An hour passed and no progress was made, though the pains were very forcible. The membranes being full and tense, I ruptured them, and waited an hour longer without any advance of the head; pains strong, patient bathed in a profuse perspiration. I now resolved to open the fœtal head, stated the case to her friends, and requested counsel. Drs. C. and W. were called. Dr. C. came in about an hour, made examination and advised to defer the operation; but after waiting a quarter of an hour he opened the head with Smellie's scissors and evacuated the cerebral mass. Dr. W., having just arrived, introduced the finger into the opening in the fœtal forehead; the pains being strong, took the child immediately. The placenta followed, and after a while the patient was put to bed, somewhat exhausted. Upon examination, the perineum was found lacerated to the anal sphincter, and the vagina opened posteriorly for two and a half inches. She was delivered about 10, A. M. I saw her in the evening. The urine had been voided, and she seemed quiet.

Morning.—But little rest during the night; severe pain in the hypogastrium, with tumefaction; pulse 100, quick and rather feeble; urine suppressed; tongue clean and moist; skin cool. Introduced a catheter, and drew off a pint of high-colored urine with decided and immediate relief. The treatment consisted in the use of the catheter twice daily, laxatives and anodynes, anodyne and emollient injections, fomentations, poultices, ablutions, with a light and nourishing diet. She continued in about the same state, complaining but little of pain, only when the bladder was oppressed by the accumulation of urine, always cheerful and animated, until the ninth day, when she was seized suddenly with a violent pain in the lower part of the body, requested to be raised up in the bed, said she was perfectly easy, but could not breathe. She was laid upon her pillow and expired immediately. No examination of the body was permitted.

H. N. Matison.

Centreville, R. I., Dec. 28, 1846.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON, JANUARY 13, 1847.

The Microscope.—After being partially neglected for half a century, the physiologists and anatomists of Europe have again availed themselves of this beautiful instrument, particularly for the purpose of unravelling the minute structure of the animal tissues, and with results the most extraordinary and unlooked-for imaginable. Why do not our American investigators into the curious and mysterious in organization, also more generally resort to the microscope, since no researches are more exciting than the developments under the assistance of this beautiful contrivance for enlarging the visual powers. The French, particularly, of late, have turned their attention in this direction, but there is room enough, and matter in abundance to give occupation to whole scores of philosophers in this field of observation.

Dr. Carpenter states that he was applied to by Mr. Darwin, an eminent naturalist, to ascertain, in relation to two extensive strata in North America, whether they were identical. Both contained comminuted shell, and he entertained an opinion that they were the same; but when examined by the microscope, he was at once enabled to decide that the one formation was in reality a subdivision of the other, and that the two, as far as material was concerned, were truly the same.

On another occasion, Dr. Falconer was much at a loss with respect to the character of some small bones found near the remains of the bones of a twenty-foot tortoise, recovered in the Sevélic hills. He desired to have them inspected under the microscope, with relation to where they were from. Mr. Queckett, a sub-curator of the College of Surgeons, decided that they belonged to some reptile, and probably the turtle order.

The minute structure of a tooth, however small the fragment, is the exact and unerring type of the dental apparatus in the family of animals to which it belongs; and therefore, whenever another fragment, however small, presents the same characteristic items of anatomical structure, the habits of the individual to which it appertains, are quickly ascertained. By this same contrivance, the lost animals of past geological periods may be studied in fragments, and thus exhibit the triumphs of inductive science.

But the living may be benefited by microscopic researches into the condition of diseased glands, the actual condition of tumors, the lesions of vessels, the composition of excretions, &c., far beyond anything yet accomplished. So vast is the field for exploration, so few the laborers, that an opportunity for distinction awaits those who give to the subject that devotion which is necessary for discovery. We urge it upon the younger members of the profession, to fill up all their not otherwise occupied hours, in physiological and anatomical efforts with the microscope. Nature is so rich in resources, and man has ascertained so little, that the future is destined to be full of brilliant discoveries.

Obstetric Memoranda.—One of the neatest things of the day has been sent abroad by Messrs. Ticknor & Co., of this city, entitled "Memoranda for young Practitioners in Midwifery, by Edward Rigby, second American edition, enlarged and improved." What sort of process the work has been passing through to have been both enlarged and improved, is quite perplexing to ascertain, since it was unexceptionable at first. With all its enlargements, it is but a small 18mo still. But Lilliputian as it is in its dimensions, there are sixty-two closely printed pages of excellent matter, which gives correct information in the fewest words. We opine that a series of such miniature treatises, embracing medicine and surgery, that might be carried without inconvenience in a fob, would not only sell readily, but also be very much prized. Some who are always too busy to study larger tomes, thus armed with accurate homœopathic doses of professional knowledge, would perhaps have in their pockets more than they ever had in their heads.

Practical Education in Medicine.—On the 2d of November, John Watson, M.D., gave a lecture at the New York Hospital on "Practical Education in Medicine, or the course of instruction at the New York Hospital." The author is one of the surgeons of that institution. Dr. Watson advocates a thorough-going system, and urges upon the student a course of investigation which will thoroughly prepare him for the future responsibilities of the profession. All the historical matters introduced into the lecture are instructive, and give additional interest to the discourse. In short, without particularizing the prominent points, many of which stand out in bold relief, we will add that we much admire the tone of the pamphlet, and tender our thanks to the gentleman who had the kindness to send it to our address.

Professional Education of Dentists.—After reading parts of the introductory lecture by Dr. Westcott, who is in the Chair of Operative and Mechanical Dentistry, in the Baltimore Dental College, now in session, we have arrived at the conclusion that gentlemen who actually possess a thorough knowledge of all the Professor says is necessary to constitute a competent operator, must be very accomplished men. They should be so —and those who have graduated at that institution, could not have left with the approbation of the faculty, if found wanting in any one point essential to the character of the profession.

Ohio Lunatic Asylum, Eighth Annual Report.—A new feature in this curious and important statistical document, is the introduction of matter from the lunatics themselves. The political tussle between the whigs and democrats, the fourth of July oration, and, lastly, the poetical specimens, give a peculiar interest to the pamphlet. When Dr. Awl's report was published, there were 291 patients under his care. The prospect in regard to them, was favorable for 39; doubtful, for 74; unfavorable, for 126; and unfavorable, but improved, for 54.

Spino-Abdominal Supporter.—Within the past year, Dr. Hall, of this city, called our attention to an ingeniously devised instrument by Dr.

Crain, of Vermont. A son of the inventor has visited Boston, with a view to introducing it to the profession. Mr. Burnett, in Tremont Row, has some very fine specimens. It is unlike any of the supporters, and yet combines the mechanical advantages sought for in most of them. Two long parallel springs ascend by the spine, allowing the spinous processes perfect freedom between them; and from the top of each, shoulder straps, &c., are given off to support them in place.

Anonymous Letters from Cortland Co., N. Y.—A while since, anonymous letters, of an extremely provoking character, came repeatedly through the mail from the western part of New York State. They were the offspring of a malevolent disposition, and the outpourings of some one who was provoked at the rising eminence of a gentleman whose name occasionally appeared in our pages. It was the writer's object to impress us with the idea that he was a member of the Cortland Medical Society. Ever alive to the honor of the Association, whose good name is above rubies, unsolicited on our part, an investigation was instituted by a vigilant committee of the Society, to ascertain whether it was possible any member could have so demeaned himself as to have written in such a reprehensible manner, as cowardly as it was ungentlemanly. The result of the investigation has proved that no gentleman belonging to the Cortland County Medical Society was ever guilty of the disreputable act. It was the work of an assassin—a villain who would cut a neighbor's throat as quickly as he would ruin his reputation, and who assumed to belong to a body that was never yet disgraced by one of his odious propensities.

Hernia of the Diaphragm.—Senator Barrow, of Louisiana, who recently deceased at Baltimore, died of a singular disease. The papers say that a *post-mortem* examination of the body disclosed a congenital malformation. There was an aperture through the diaphragm, through which a portion of intestine protruded and occupied a position behind the heart. No assistance could have been rendered in the case, it being beyond the reach of surgery, even had the true state of the parts been known.

Academy of Medicine and Surgery in New York.—A committee of fourteen has been appointed in New York to prepare a Constitution and By-laws for the proposed new Academy. The following is a list of the committee, who were to report on the 6th inst.:—Drs. Mott, Stevens, Isaac Wood, Francis Bliss, J. Watson, Griscom, Benj. Drake, Borrowe, Reese, A. S. Purdy, J. R. Wood and Tomes.

The Æsculapian Society, New York.—This association celebrated its second anniversary last Saturday evening, at the Chapel of the University. The exercises consisted in Addresses by Mr. Charles T. Quintard, the President, Messrs. Janes, of Georgia, and Lente, of North Carolina, interspersed with excellent music from a band. The Chapel was crowded with an attentive auditory, among whom were many ladies. Upon the platform were Drs. Mott, Francis, Batchelder, and other eminent men of the profession. The exercises were commenced with a prayer by the

Rev. Cyrus Mason, and the reading of that appropriate chapter in the Scriptures, which recommends every man first to take the beam out of his own eye, before he complains of the mote in his brother's eye. The object of this Society is the mutual improvement of its members, in matters connected with Medical Science, by discussing mooted questions, and writing essays. It is an honor to the College to which it belongs, and all Students of Medicine would do well to avail themselves of its advantages. —*New York Med. and Surg. Reporter.*

Boston Annual Bill of Mortality.—The whole number of deaths in Boston during the past year, by the published General Abstract, was 3389, 804 more than the year previous, of which 1472 were children under 5 years of age; over 60 years, 254. The number by consumption is put down at 485. With a population of 120,000, the mortality of Boston during the last year would thus be 1 in 35.40, or 2.82 per cent.

The Beauport Asylum for the Insane.—This institution, in the neighborhood of the city of Quebec, progresses favorably in public estimation. The number of patients at present in it amounts to 122; and there have been discharged from it, during the fourteen months since its establishment, 27, who were either cured or greatly relieved. In the absence of statistical documents, or any authentic statement of its operations, we are not able to furnish any more explicit information. The economical arrangements of the establishment are excellent, and the varieties of *moral* treatment, which constitute so striking a feature in the modern management of the insane, are here called into requisition. One thing is still wanting, however, to render the institution complete, namely, a resident physician, and this addition to its medical staff is the more required when we consider the distance of the asylum from the city, some five or six miles, if we mistake not, and the probable difficulty which might be experienced in obtaining the assistance of one of the regular medical attendants in cases of emergency. This desideratum we believe it is intended to supply, at as early a period as possible; some steps have, we are informed, been already taken with this object in view. —*British American Journal of Medical Science.*

To Correspondents.—Dr. Cook's case of Fæcal Accumulation. Dr. Wright's Letter from Persia, and a case of Nævi Materni, by J. H. M., have been received.

Married,—Dr. Wm. Cooper, of Henderson Co. Kentucky, to Miss F. A. Tuttle, of Canaan, Me.—Luther Cochran, A. M., M.D., of Granville, N. Y., to Miss Marian Andrus, of Dorset, Vt.

Died,—At Washington, by shooting himself, Dr. John Wickham, of Richmond, Virg., 30. He had been an unsuccessful applicant for the office of Surgeon of the Virginia Regiment of Volunteers. —In London, Oct. 29th, aged 75, George Man Burrows, Esq., M.D., the author of a work on Insanity.—At Paris, M. Poirson late surgeon-chief of the Military Hospital of Gros. Caillore.

Report of Deaths in Boston—for the week ending Jan. 9th, 46.—Males, 23—females, 23. Stillborn, 1. Of consumption, 11—dropsy, 3—disease of the heart, 2—diarrhœa, 3—infantile, 2—canker, 1—hooping cough, 2—typhus fever, 2—lung fever, 5—brain fever, 2—old age, 1—drowned, 1—apoplexy, 1—inflammation of the brain, 1—convulsions, 1—paralysis, 2—inflammation of the bowels, 1—croup, 1—inflammatory fever, 1—inflammation of the brain, 1—asthma, 1—disease of the liver, 1.

Under 5 years, 13—between 5 and 20 years, 4—between 20 and 40 years, 15—between 40 and 60 years, 9—over 60 years, 5.

Western Pioneer, or Herald of Truth.—This is a new monthly, published at Litchfield, Michigan, "devoted to medical reform, science and literature." It is another of those pseudo-medical monstrosities, of which this country is exceedingly prolific, manifesting plainly in their own pages that a medical and literary reform is truly needed, so far as they are concerned. Of all the specimens of low thought, lower expressions, and vulgar arguments, the Herald of Truth is entitled to the palm. With grave solemnity, this mighty engine of ignorance, of which one Z. J. Brown appears to have been the originator, opens its heavy battery upon society with a poem, which, like the Hudibrastic story of the bear and fiddle, has neither beginning, ending or a middle. By way of illustrating the taste of a strong champion of medical reform in the sovereign State of Michigan, we must afford space for a gem—also for the purpose of exhibiting the amiability of the editor towards some of his neighbors. He says—

> "Let every bull-dog, cur and whiffet,
> Attend to kill off Dr. Griffith;
> Come show your skill, in trick and cheat
> And quell the people by deceit.
> Here's Captain Jack to lead the van
> And help this bold attack to plan;
> Next on the list is Dr. Card—
> Some think he testified too hard," &c.

Bradley's Abdominal Supporter.—A well-constructed instrument is manufactured by Charles L. Bradley & Co., surgical-instrument makers, in Water street, that has been strongly recommended to our notice. The principle upon which it acts is not essentially different from many others in general use, but the manner of padding the hip-springs and the margins of the compresses, so that there shall be a comfort instead of a torment in wearing it, is deserving of special consideration by the invalid. Mr. Bradley is spoken of so favorably by those who are best acquainted with his skilful efforts in manufacturing surgical cutlery, that we hope he may receive the patronage that is due to true merit.

Medical Miscellany.—Influenza is prevalent at Bangor, Me. In Baltimore, it is also severe, and has even extended as far as New Orleans.—One Dr. Horace P. Perkins was divorced, by application of his wife, by the Supreme Court of Massachusetts, he being the moral delinquent.—Seventy-five students have been matriculated at the Eclectic Medical Institute, Cincinnati.—Dr. Kimball, of Lowell, amputated the hand of a young man who had been severely injured by a picker, the other day—having previously administered the letheon. The patient declared that he had not experienced the slightest degree of pain by the operation.—Deaths in Worcester, Mass., in 1846, 290.—The Western Journal of Medicine, at Louisville, complains, as do all the other Medical Journals of the country, of the backwardness of subscribers in making payments. It has been published seven years, and barely paid its way.—A new journal, to be called the Dental Mirror, devoted to dental science, is about being published in this city.—The New York Annalist has another article on the letheon, treating it and those concerned in it with much severity. The Western Journal copies Dr. Bigelow's article without comments.